



**UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS**

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Annual Report of the Secretary-General

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1. Introduction.

After the adoption of the document on the Future Strategy of the UEMS, the first steps to implement it have been undertaken and will have to be followed up very closely in order to achieve the very high leveled goals that have been proposed.

In April 2008 the meeting of the Council and the Presidents and Secretaries of our UEMS Sections and Boards had a particular flavor since the 50 years existence of the Organization was celebrated. A lot of energy was put into the preparation by the Staff and in the implementation of all the events related to this important milestone of the UEMS. We were privileged in welcoming important players in health care as well as in all fields where the UEMS is playing an important role.

They considerably contributed to the success of the event.

The visibility of the UEMS in different areas of interest was intensified and resulted in a broader and more efficient cooperation with other partners.

Improvements were realized in the field of the EACCME, mainly by starting of the online application form as well as the electronic quality evaluation of the CME-CPD events.

As expected in starting up such an extensive program as the webbased application process (January 15th 2008), some improvements will have to be implemented in order to facilitate the process, especially when taking into account the introduction by EACCME of the e-learning materials.

Our efforts were directed to keeping up the close contacts with and presence at the meetings of the different UEMS Sections and Boards. This triggered the issue of many updates of the Training Programs (Chapter VI's of our UEMS Charter on Post Graduate Training), and undoubtedly strengthened the ties and the solidarity with the Sections.

The elections held in October at the Copenhagen meeting represented another important event in 2008. The President (Dr. Zlatko Fras), the Liaison Officer (Dr. Gerd Hofmann) and the Secretary-General were reelected as well as one of the Vice-Presidents (Dr. Zoltan Magyari). Another former Vice-President was elected Treasurer (Dr. Giorgio Berchicci) and three new Vice Presidents (Dr. Ricard Guttièrez, Dr. Romuald Krajewski and Dr. Kari Pylkannen) were appointed.

Dr. Len Harvey (Honorary Member) as well as Dr. Hannu Halila (Past President) also attend the meetings of the Executive.

Thanks were expressed to Dr. Edwin Borman, Dr. Gunilla Brenning and Dr. Vincent Lamy for their commitment to the UEMS during their terms of office in the Executive.

2. New Members.

There was no new membership in 2008 but contacts are under way with Serbia, Russia and Armenia. In some of the UEMS Sections and Boards representatives of these countries are already participating as observers in the activities and this is to be encouraged. We are proud and glad to have received a formal request for membership from the Serbian Association. This application was discussed at the Copenhagen Meeting in October 2008. More clarifications have been requested.

3. European issues.

3.1. Patient Safety in Cross Border Healthcare.

After the decision of the European Parliament and the Council to exclude health services from the scope of the proposal for a Services Directive, the Commission announced its wish to put forward a specific initiative with regard to health services. This directive was finally published in

July 2008 as “Patient rights in Cross-Border Healthcare” and is now under discussion as well in the European Council as the European Parliament.

MEP John Bowis proposed some important changes to the original text and the UEMS Executive managed to convince some key MEP’s in this issue for suggesting some amendments to the text.

Much discussion is expected, currently under the Czech Presidency of the European Union and with the elections of the European Parliament scheduled for June 2009, the question remains if it will be possible to finalize the issue before this date.

3.2. Directive on the recognition of professional qualifications (2005/36/EC).

In 2008 there was little or no news on this issue.

As this Directive will be reviewed in 2012, we will have to prepare our suggestions for possible improvements, preferably in the nearby future, if we wish to see these integrated in the amendments of the Directive.

This will also be the opportunity for looking at issues such as for instance Oncology and Intensive Care for taking on decision about these subspecialties.

Some corrections could may-be also be made in the addendum of the Directive with regard on the denomination of or the length of training in some specialties.

3.3. Proposal for a Directive amending the organisation of the working time (COM(2004)607).

This Directive on the Working Time has been debated extensively in the UEMS Council and in many Sections.

It seems that an agreement on this issue was reached by the Ministers to have a maximum working week of 48 hours but allowing the Member States to take derogatory measures.

The inactive part of on-call work will not be counted as working time, the compensatory leave will have to be taken within a “reasonable delay” and the individual opt-out possibility will be limited to a maximum working time of 60 hours per week.

Taking into account the different views in the European Parliament and the EU Member States, the conciliation procedure has been started in order to find an acceptable compromise.

In 4 years time, this Directive will be reviewed by the European Commission on the basis of a consultation of the social partners.

3.4. *eHealth.*

e-Health is a topic that attracted a lot of attention in 2008.

Under the initiative of the Slovakian organizers of the Council meeting in Bratislava a Discussion Forum on e-Health was organized and the deliberations led to the proposal of the “Bratislava declaration” on e-Medicine that was adopted unanimously.

The UEMS participated actively at the EU Conference on Telemedicine organized in Brussels on December 11th 2007.

We were invited to join the Calliope project as an observer and for provision of information on good practices in eHealth developments through our network.

The UEMS also participates very actively in the eHealth Stakeholders Group, created by the DG Information Society, in order to bring together the different stakeholders sharing an interest in this field.

3.5. *European Health Policy Forum.*

Also this year, the UEMS participated in the Health Policy Forum meetings.

Issues discussed included the membership of the European Health Policy Forum, patient safety and transparency in EU consultation processes as well as the European Commission’s action on health strategy and health services. The meetings were also an excellent occasion for the exchange of information and for informal contacts with the European Commission as well as with other stakeholders.

3.6. *Green Paper on European Workforce for Health.*

In 2008, the European Commission launched a Green Paper on Healthcare workers and the challenges that these professions are facing, especially, the dramatic shortage of healthcare workers in some Member States as well as on the evaluation of the consequences of the free movement of health care professionals, leading to a brain drain.

Here also, the UEMS Executive proposed complimentary issues for inclusion in the debate.

The objectives of the UEMS are fully in concordance with these issues for instance the harmonization of Post Graduate Training as well as of Continuing Medical Education – Continuing Professional Development and the integration of new technologies in the provision of the most appropriate and evidence based healthcare to the patients.

4. Procedural matters – Statutes and Rules of Procedure.

A motion proposed by one of the Vice-Presidents, also Head of Delegation of one of our National Medical Associations requested more clarification of the issue on the compensation for Loss of Income allocated to the Secretary-General.

This provided the opportunity to look at the compensation for the time spent for the UEMS by all the members of the UEMS Executive and in fact by any member of the UEMS, participating actively, on behalf of the UEMS in events and meetings.

With the enlargement of the Membership we will also have to look at the contribution key and adapt it, taking into account the same principles. The key will have to be recalculated.

5. European Organisations.

5.1. European Medical Organisations

The relations with the other European Medical Organisations were pursued in a constructive manner. Several topics were more specifically developed:

- The UEMS took an active part in several joint working groups set up by the CPME together with the other EMO's on issues such as CPD and health services.
- At the Council in Copenhagen the UEMS voted a motion of support to the CPME with regard to the difficulties in the membership issues.
- The collaboration between the UEMS and the PWG with regards to medical training Boards proved to be really efficient and should be expanded towards other topics in the

near future. An example is the collaboration in initiating a survey on the European Working Time Directive.

The PWG improved the information towards their delegates in the UEMS Sections and Boards was and a more regular exchange of information about the meetings and the delegates was brought about.

- Contacts were made with the UEMO with regard to their possible involvement in the EACCME. As no decision has been taken by them so far, the discussion remains open.

5.2. *European Health Professionals Organisations.*

On the initiative of HOPE (European Hospital and Healthcare Federation), several European organisations of health professionals (Hospitals – Doctors – Nurses – Hospital Pharmacists), including the UEMS, were invited to an informal roundtable to exchange information and views on various issues at stake. This year the proposed directive on patient safety in Cross Border Healthcare as well as the discussions concerning the Green Paper on Workforce were important topics. In 2008 only one meeting was held on 13th February.

5.3. *Other European Organisations.*

Thanks to its Secretariat in Brussels, the UEMS was able to make and maintain informal contacts with different stakeholders and associations as well as with Commission officials and MEPs.

Participation in activities organized by other European Organizations such as the European Platform of Patient Organizations, Science and Industry (EPPOSI) as well as by Scientific Societies increased the visibility of the UEMS in these areas.

On December 3rd 2008 EPPOSI organized a Workshop on Chronic Diseases, where the UEMS was represented by Dr. Cillian Twomey as well as by the Secretary-General.

Recent activities have contributed to improve the UEMS image and influence. This remains a central objective for the Staff of the Brussels Office.

6. UEMS Sections & Boards.

6.1. *Activities of the UEMS Sections and Boards.*

- In the Federation of Surgical Disciplines, the Working Time issue remains a matter of concern.
- The request of the Division of Microbiology of the Section of Medical Biopathology to become a Section has been approved at the April 2008 Meeting in Brussels and the first meeting of this Section was held in Brussels on September 27th 2008.
- The request of the Section of ENT to add Head and Neck Surgery to the name of the Section was rejected.
- In the Section of Radiology, a Division of Neuroradiology was established at the Bratislava meeting and met for the first time in Brussels on September 13th 2008.
- Some documents presented by UEMS Sections and Boards were endorsed by the Council such as the document on "Epilepsy and Driving" proposed by the Section of Neurology and also the "Alliance for MRI" proposed by the Section of Radiology, both at the Bratislava meeting.
- The Chapter 6 proposed by the MJC on Sports Medicine was also endorsed in Bratislava.
- The MJC in Hand Surgery that was created some years ago had its first meeting in Brussels. Delegates from the Sections showing interest in this field partnered and since had meetings in Geneva on June 21st 2008 and in Budapest on September 18th 2008.

6.2. *European Examinations – Glasgow Declaration.*

In February 2007 a number of Sections which are organizing European Examinations met in Glasgow in order to harmonize their views and procedures. The delegates present in Glasgow proposed a document that is now called the "Glasgow Declaration".

The Group met since twice in 2007 as well as in February, June and December 2008. More than 20 Sections, MJC's or Divisions were represented.

The next meeting is scheduled on March 28th 2009 in Brussels.

The Glasgow Declaration was also discussed at the Meeting of the Sections and Boards in May as well as at the Council meeting in Bratislava.

The issue of Assessment, in Post Graduate Training is considered as important for the UEMS and the creation of an Advisory Council for European Specialist Training Assessment should be envisaged. A first meeting is scheduled during the meeting of the Presidents and Secretaries of the UEMS Sections on February 21st 2009.

Preliminary discussions were also started by the Secretary-General with the American Board of Medical Specialties in order to share experiences and look for a possible future collaboration similar to the one the UEMS and the AMA developed in the mutual recognition of credits for CME-CPD.

6.3. Alliance for MRI.

The Directive 2004/40/EC on physical agents (electromagnetic field) entered into force in April 2008 and was intended to protect workers from potential adverse effects of electromagnetic fields. However it will have dramatic consequences for clinical magnetic resonance imaging (MRI) as it will make the practice of MRI scans nearly impossible.

Together with the European Association for Radiology, the UEMS Section of Radiology started lobbying in order to review this Directive and make it more realistic and applicable.

The UEMS actively participated in this lobbying activity. The Secretary-General attended the Workshops organized at the European Parliament, together with Prof. Peter Pattynama (President of the Section of Radiology), in order to support the initiatives of the UEMS Section of Radiology jointly with the European Society for Radiology and Patient Organizations.

The result of this campaign was very fruitful as the implementation of the Directive has been suspended for a 4 year - period.

The improvement of relations with our S&B continued to be considered a priority by the Executive in 2007 and 2008. The presence of the Executive in S&B meetings is highly appreciated by the Sections which uniformly wish to participate in the ins and outs of the UEMS. It was also an occasion to increasingly involve S&B in EACCME.

7. Executive.

The Executive met in February, April, July, August, October and November 2008.

Issues discussed notably included the future of the UEMS, its structure and organisation in the framework of the Strategy Document, the 50th Anniversary Meeting as well as the continuing improvements to EACCME.

The newly elected Executive met for the first time in Brussels on January 10th 2009 to set up the format for the next term of three years.

8. EACCME.

On January 15th 2008, the web-based application form started to be operational and from April 1st it became the only way to apply for European Accreditation. As expected, at the start, some problems arose which were very professionally and efficiently dealt with by the Office as well as by our Provider.

In July the Task Force on CME met in London and discussed some important issues that were implemented in the system. The possibility of a collaboration with other health care professionals was discussed but finally only the cooperation with the UEMO seemed reasonable in the views of the Task Force. Collaboration with Dentists and Nurses has thus for the time being been rejected.

One of the major decisions taken by the task force was the proposal to consider the accreditation of e-learning programs from January 1st 2009 onwards. Some practical problems have still to be solved such as how the credits will be granted and such as the fee for the process. These problems were discussed but not yet solved at the meeting of the Advisory Council for CME on November 22nd 2008 and so, the start of the e-learning was delayed and is now scheduled on March 1st 2009.

European Accreditation through UEMS-EACCME was progressing with 1030 approved events in 2007 but since the beginning of 2008 a slight diminishing is noticed in the number of applications submitted to UEMS-EACCME. This can only be due to the fact that applicants have to get acclimatized to the new web-based application system.

9. UEMS website.

In line with the new EACCME web-based system, the UEMS website will be freshened up and renewed with some additional improvements.

Documents will be downloaded more easily, and the pages devoted to the UEMS Sections and Boards will be more developed.

The first objective is to have a working web-based application program after which we can concentrate on the main part of the UEMS website.

10. Newsletter.

The Newsletters remain a very useful and important tool for the distribution of information and propagation of the UEMS image and are actively requested by DG's, MEP's as well as by their staff.

As this newsletter provides various and broad information on EU news but above all on the UEMS and its activities, all recipients are asked to distribute it as widely as possible. From different sources, it appeared that this initiative has been greatly appreciated both inside and outside our organisation. For recall, this newsletter is open to any input of common interest or remarks from the UEMS member associations and the S&B.

Unfortunately, the number of the NewsLetters has been reduced due to the heavy workload at the occasion of the 50 Year Anniversary Meeting in April 2008 and the upstart of the web-based application form for CME events.

The Administrative Staff of the UEMS is limited and their workload is steadily increasing. Some solutions have been materialized and will become effective in the near future.

11. Future perspectives.

With the elections having resulted in a New Executive that will be in charge of the management of the UEMS for a 3 year period, I take the opportunity to look back on the achievements during the last tenure and to propose some prospects for the future.

I have learned, from my presence at a great number of meetings of the UEMS Sections and Boards and by answering numerous invitations of National Medical Associations to attend their assemblies, how vital it is for the UEMS to maintain a very close link between the UEMS management and the rank and file of the profession.

The Sections and Boards have a very important role to play in the determination of the content and quality of the issues for each specialty as well as an indispensable role in the evaluation of CME-CPD activities in the different disciplines.

We are always referring to our UEMS Sections and Boards as being the “backbone” of the organization and one of the best trumpcards of the UEMS.

Our National Medical member Associations have a key role ! The close contacts with the different National Health Authorities allow them to implement at National level the objectives and achievements of the UEMS Council, the UEMS Sections and Boards as well as the work done by the EACCME.

The contacts with our UEMS Sections and Boards have to be intensified and not diminished.

The active presence of a member of the Executive at these meetings is a token of appreciation for the work done by all the numerous colleagues involved in this huge task.

The visibility of UEMS-EACCME is being enhanced and good relations between the UEMS and its different Sections and Boards are promoted.

The UEMS can be proud of harbouring not only a representation of all the Member States of the European Union but also representatives of several other countries of the Continent.

A word of appreciation also for the previous Treasurer, Dr. Vincent Lamy, who so brilliantly held the purse strings, kept the finances of the UEMS sound and increased our assets.

Since I wear simultaneously the “hat” of both the Secretary-General of the UEMS and that of the Treasurer of the GBS-VBS I would like to recall the excellent collaboration for half a century, between the Belgian Professional Organisation GBS-VBS and the UEMS and this even if not everybody seems to be happy with this close cooperation.

Evidently, looking into the past is important in order to realize what has been done and learn from these experiences, but it is even more important, to look into the future and learn how we can make things even better.

Implementation of the Strategy, as it was proposed by our President should be our main goal for the future. This very ambitious plan will require a maximum of energy and effort.

We have to remember what Thomas Fuller, MD in 1732, said “He that would have the fruit must climb the tree !”

Dr. Bernard Maillet
Secretary-General